

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Crossroads		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00487363 </div>	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 30 / 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee CROSSROADS MEDIA LLC		Date <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 30 / 2012</div>	
Reallocation of portion of buy as of 11/2 from Oppose Obama to		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9806703.95</div>	
Mailing Address 66 CANAL CENTER PLAZA STE 555		Transaction ID : E.001	
City ALEXANDRIA	State VA	Zip Code 22314	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure TV / MEDIA PLACEMENT		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">78739907.27</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UPGRADE FILMS		Date <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 30 / 2012</div>	
Mailing Address 3299 K ST NW, STE 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">41230.27</div>	
City WASHINGTON		State DC	
Zip Code 20007		Transaction ID : E.002	
Purpose of Expenditure TV / MEDIA PRODUCTION		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">78739907.27</div>			

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">9847934.22</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

Signature _____

[Electronically Filed]

Date

MM / DD / YYYY
10 / 30 / 2012

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(SCHEDULE E)

PAGE 2 OF 2
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NAME OF COMMITTEE (In Full) American Crossroads		FEC IDENTIFICATION NUMBER ▼ C C00487363	
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Full Name (Last, First, Middle Initial) of Payee TARGETED VICTORY		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 1033 NORTH FAIRFAX ST STE 400		Amount 571200.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : E.003
Purpose of Expenditure WEB ADS	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 78739907.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee BLUEFRONT STRATEGIES LLC		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 174 WATERFRONT STREET, STE 500		Amount 120000.00	
City NATIONAL HARBOR	State MD	Zip Code 20745	Transaction ID : E.004
Purpose of Expenditure WEB ADS	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 78739907.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	691200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	10539134.22

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Caleb Crosby

[Electronically Filed]

Signature _____ Date MM / DD / YYYY 10 / 30 / 2012